

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE	
							10 /563,581		
							APPLICANT(S)		
CLAIMS									
	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		AS FILED	AFTER 1 ST AMENDMENT	AFTER 2 ND AMENDMENT
	IND.	DEP.	IND.	DEP.	IND.	DEP.			
1	1					51			
2	1					52			
3	1 2					53			
4	2 1					54			
5	1 40					55			
6	40					56			
7	1 40					57			
8	0 1					58			
9	1 6					59			
10	40					60			
11	1 6					61			
12	0 1					62			
13	1 60					63			
14	0 1					64			
15	1 60					65			
16	0 1					66			
17	0 1					67			
18	0 1					68			
19						69			
20						70			
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41						91			
42						92			
43						93			
44						94			
45						95			
46						96			
47						97			
48						98			
49						99			
50						100			
TOTAL IND.	1	1	1	1	1	TOTAL IND.	1	1	
TOTAL DEP.	17	17	17	17	17	TOTAL DEP.	17	17	
TOTAL CLAIMS	18	18	18	18	18	TOTAL CLAIMS	18	18	